

# NORTHERN CONNECTICUT FOOTBALL LEAGUE

## PHYSICIAN STATEMENT FORM

I have examined or know \_\_\_\_\_  
First Name Last Name

to be in good health and is able to participate in the normal activities of Youth Football and/or Cheerleading (a contact sport).

Parent(s) and/or Doctor, please list all known conditions/illnesses/allergies or prior injuries which would/could affect Emergency Medical Treatment or their participation in Youth Football or Cheerleading.

ILLNESSES	ALLERGIES	PRIOR INJURIES
<b>CURRENT MEDICATIONS</b>		
<b>SERIOUS MEDICAL CONDITIONS</b>		

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Physician/APRN/RN Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS STATEMENT MUST BE COMPLETED AND DATED AFTER JANUARY 1 OF THE CURRENT SEASON. League Physician Statement must be signed by parent along with Doctor's Form if Doctor did not sign off on the NCFL Form.**

I/We hereby represent that the league medical form is complete, up to date and accurate with my child's medical history, and that my child has been deemed physically fit to play the contact sport of football or cheerleading by their personal physician (MD), APRN or RN.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_